

4683

**OFFICE OF THE CUSTODIAN
JAPANESE SECTION**

To be completed by persons of the Japanese race having property in any protected area. The proper administration of this property requires such persons to give full particulars as requested in this form.

PERSONAL INFORMATIONNAME: TESHIMA (Misao) Mrs. NobuoHOME ADDRESS: Eburne, B.C. (Acme Cannery)REGISTRATION NUMBER 05790 SEX: Female AGE: 26OCCUPATION: Housewife

(If any business or businesses carried on, state where, under what name and whether carried on by yourself or in partnership with anyone; if partnership, give partner's name.)

EMPLOYER: NoneMARRIED? YesNAME OF WIFE OR HUSBAND: NobuoADDRESS OF WIFE OR HUSBAND: same addressNAMES OF ANY LIVING CHILDREN: Robert Kazuo (M) Theodore Fujio (M)ADDRESS OF CHILDREN: same addressAGE OF CHILDREN: 4 & 3 yrs.**STATEMENT OF ALL REAL PROPERTY** (Each parcel must be mentioned and particulars given)1. LOCATION AND DESCRIPTION: None

2. BUILDINGS AND OTHER IMPROVEMENTS:

3. INSURANCE (Give particulars; state where policies are)

4. TAXES (Amount and where payable)

5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed)

6. OCCUPANCY AND LEASES (If vacant so state)

7. STATE WHEREABOUTS OF TITLE DOCUMENTS: _____

8. STATE IF ANY OTHER PERSON HAS ANY INTEREST: _____

9. IF FARM LAND STATE CROPS SOWN _____

None

STATEMENT OF REAL PROPERTY OCCUPIED

1. LOCATION AND DESCRIPTION: **Eburne B.C. (Acme Cannery)**

10 roomed 2 storeyed wooden frame house.

2. LANDLORD'S NAME AND ADDRESS: **Husband, same address.**

3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: **None**

4. STATE WHEREABOUTS OF LEASE: **None**

5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) **family
(relatives)**

6. IF FARM LAND, PARTICULARS OF CROPS SOWN: **None**

STATEMENT OF PERSONAL PROPERTY OWNED:

1. GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES, EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS: _____

None

2. HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS _____

3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR CLAIM ON ANY SUCH PROPERTY _____

None

4. INSURANCE CARRIED ON ABOVE PROPERTY:

None

5. MORTGAGES, LIENS AND OTHER CLAIMS ON PROPERTY IN POSSESSION OF
OTHERS:

None

6. MONEYS OWING TO YOU (State if any of these debts assigned and if so, to whom)

None

7. BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts)

None

8. BANK ACCOUNTS Bank of Montreal, Hastings & Main, Vancouver, B.C. \$1000.009. LIFE INSURANCE Monarch Life Insurance Co., Vancouver, B.C. \$1000.00Beneficiary, husband, Nobuo. #P96019 (Theodore Fujio-\$1000.00 #P118431
Robert Kazuo \$1000.00 #P118429)

(All policies in owner's possession.)

10. INTEREST IN ANY ESTATES OR TRUSTS:

None

11. SAFETY DEPOSIT BOX:

None

LIABILITIES:

1. PERSONAL DEBTS:

None

2. TRADE DEBTS:

None

I, the undersigned, hereby voluntarily turn over to the Custodian all my property in the protected area as set out above, excepting fishing vessels, deposits of money, shares of stock, debentures, bonds or other securities, if any.

I certify that the above information is true and complete and fully discloses all my property of every description in any protected area in British Columbia and sets forth all my liabilities direct and indirect.

Dated this 19th day of April, 1942.

(Signature)

*M. Ishima**J. Wilham*

Witness

FOR DEPARTMENTAL USE

INFORMATION FROM R.C.M.P.

Our File No. 4683 Date Aug. 23/43.

Full Name TESHIMA (Misao) Mrs. Nobuo
(Surname in Block Letters)

Registration No. 06790 Male - Female (check) Age Nov. 15, 1915

Former Address Edmonton, B.C.

Date Evacuated Apr. 28/42. Naturalized - Canadian-Born - National (check)

Present Address Lethbridge, Alta.

Married - Single (check)

Name of Wife -

Name of Husband Nobuo #05216

Name of Mother (^{nee} YANAMOTO) Fujino Name of Father MATSUI, Chozemon

Names of Children under 16 #86801 (check)

See husband's sheet

Requested by CCF Registered with Custodian (Yes or No)

Additional Information

THE OFFICE OF THE CUSTODIAN: JAPANESE EVACUATION SECTION

OUTLINE OF INFORMATION REQUIRED TO COMPLETE THIS FILE: No. 4683

Name of Owner of Property TESHIMA, Miso (Mrs. Nobuo) Registration No. 06790
 Address: Police Registration Eburne, B. C.
 As declared Eburne, B. C.
 To which evacuated Richmond, Alta
 Date of First Evac. 28/4/42
 Internee or enemy alien relationship _____ Enemy File No. _____
 Family relationships: husband ~~xxxxxxx~~ Nobuo File No. 3389
 Children 16 or over _____ File No. _____
 _____ File No. _____
 Father Matsui File No. Dec'd Mother Fujino File No. 6034
 Name of Original Investigator _____
 Bill received _____ Copy sent to Accounting Department _____
 Bill paid _____ Date paid noted on bill _____
 Name and address of Agent for Custodian _____
 Terms of agency _____
 Name and address of Agent for Japanese _____
 Terms of agency _____

REAL PROPERTY (Real Estate):

Property address _____
 Legal description _____
 Search of Land Registry Office _____
 Search of Judgment Book _____
 Vesting order _____
 Certificate of encumbrance _____
 Tax Statement (and date for pre-payment) _____
 Water and other rates _____
 Encumbrances and particulars of each:
 Mortgage _____
 Agreement for Sale _____
 Liens _____
 Judgments _____
 Notice of Tax Sale _____
 Others _____
 Insurance—full particulars _____
 Leases or rental arrangements—full particulars _____
 Liquidated or otherwise disposed of—full particulars _____
 Summary of Real Property, as at a given date _____

PERSONAL PROPERTY:

Complete inventory showing various kinds of property:
 Stock-in-trade _____
 Equipment _____
 Household goods _____
 Farm implements and tools _____
 Bills receivable and accounts receivable _____
 Choses in action _____
 Interest in an Incorporated Company in any protected area in British Columbia _____
 Fishing vessels sold or undisposed of _____
 Motor vehicles _____
 Cameras _____
 Radios _____
 Firearms _____
 IN EACH CASE:
 Confirmation of ownership _____
 Encumbrances _____
 Where located _____
 In whose care and all particulars _____
 Insurance—full particulars _____
 Liquidated or otherwise disposed of _____
 Summary of Personal Property as at a given date _____

LIABILITIES:

Claims (Bills payable and accounts payable)
 Identified _____
 Supported by affidavit _____
 Confirmed _____
 Paid _____
 Dominion Income Tax _____
 Business Tax and Licences _____
 Workmen's Compensation _____
 Summary of Personal Liabilities, as at a given date _____

RECAPITULATION:

Statement of affairs _____

(Information supplied by Ins. Co.)

LIFE INSURANCE

Name Teshima Misao Mrs.

File No. 4683

Reg. No. 06527

Company Monarch Life

Agency Vancouver

Policy No. 96019

Premium - \$ 49.90

Payable: . Annually, Semi-annually or monthly

Month October Day 9

REMARKS:

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letter sent 8/9/43

THE MONARCH LIFE ASSURANCE COMPANY

HEAD OFFICE, WINNIPEG, CANADA.



R. F. R. BOREHAM
BRANCH MANAGER

PLEASE REFER TO POLICIES AND MORTGAGES BY NUMBER
AND ADDRESS COMMUNICATIONS TO THE COMPANY.
DEPARTMENT

ENEMY SECTION	
Rec'd	OCT 21 1944
File No.	Oct. 20, 1944.
Ans'd	MR GIBSON
Refer'd	MR GIBSON

The Office of The Custodian,
912 Royal Bank Bldg.,
VANCOUVER, B.C.

Dear Sirs:

Attention Mr. S. M. Gibson

Re: Policy #96019 - N. Teshima
P.O. Box 483
Taber, Alta

We have just received advice from the applicant under this policy that they have written your department requesting that the premium under the above numbered policy, amounting to \$49.90, be paid through your office. Apparently you have sufficient funds on hand, and we will look forward to receiving a remittance at an early date.

Yours very truly,

BRANCH SECRETARY.

LAK:PB

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October 24, 1944.

Mr. Nobuo TESHIMA,
Registration No. 05216,
P. O. Box 483,
TABER, Alberta.

Dear Sir:

Re: Monarch Pol. #P96019
Mrs. Nobuo TESHIMA

We have received a letter from your wife dated October 17th in which she states that she has agreed to make a payment on her above numbered policy to the Insurance Company from funds standing to your credit.

If you agree to have a premium of \$49.90 paid from your account will you kindly advise us by return mail.

Yours truly,

S. M. Gibson,
Insurance Department

SMG:JS